

Name
In
Full

David I. Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1906		Aug.	28	73			
Sex	Male		Color or Race	White		Birth-place	Cal. Cal.
Occupation	Merchant			Where Residing if not at place of death			
Married, Single or Widowed	Single		Name of Wife or Husband	Lurina Talbot			
Father's Name	Wm. I. Brown				Father's Birthplace	Cal. Cal.	
Mother's Maiden Name	Miss Ruse				Mother's Birthplace	" "	
Name of person giving information	Ralph Brown				How related to deceased	Nephew	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Mitral Insufficiency	How long	2 yrs.
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		J. W. Teitel	
		Address	
		Huntingtown Md	
Accident or Suicide?			



Name
in
Full16
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Port Republic</i> ^{Town}		<i>Calvert</i> ^{County}		MARYLAND	
Date of death <i>1906</i>	Month <i>Aug</i>	Day <i>11</i>	Years <i>39</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Calvert Co</i>		
Occupation <i>Housewife</i>			Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband <i>Dr George V. Leapp</i>			
Father's Name <i>John Cook Sedwick</i>			Father's Birthplace <i>Calvert Co</i>		
Mother's Maiden Name <i>Sarah Francis Williams</i>			Mother's Birthplace <i>Calvert Co</i>		
Name of person giving information <i>Miss Laville</i>			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>10 Yrs</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. M. King MD</i>
	Address <i>Baltimore Md</i>
Accident or Suicide?	

1400
900
500

Name
in
Full

CERTIFICATE OF DEATH

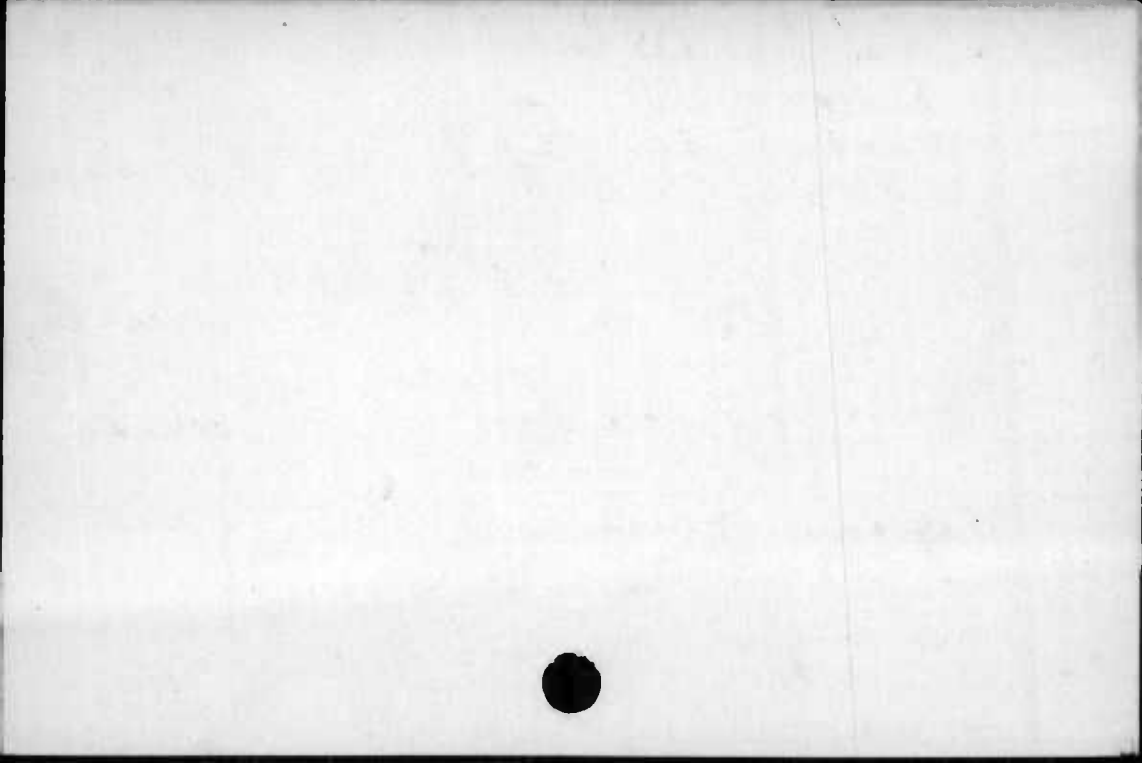
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Mary Matilda Fourn</i>		Town <i>Lucy</i>		County <i>Calvert</i>		MARYLAND	
Died at		Date of death		Age		Months Days	
		<i>1906 Aug 29</i>		<i>27</i>			
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Phil. Pa.</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Agustus Fourn</i>					
Father's Name <i>Wm. Fideon Dawkins</i>		Father's Birthplace <i>Calvert Co. Md.</i>					
Mother's Maiden Name <i>Mary Margaret Jones</i>		Mother's Birthplace <i>Calvert Co. Md.</i>					
Name of person giving information <i>W. G. Dawkins</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Tetanus</i>	How long	<i>7 days</i>
Immediate	<i>Exhaustion</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>Dr. J. Chambers</i>	
		Address	
		<i>Lucy Calvert Co. Md.</i>	
Accident or Suicide?			



Name
in
Full

Eliza V. A. Freeland

12
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Mt. Air</i> Town		<i>Calvert</i> County		MARYLAND	
Date of death	1906	Month	Aug	Day	18
Age		67		Months	
Sex	Female		Color or Race	White	
Occupation			Birth-place	Calvert Co	
Where Residing If not at place of death					
Married, Single or Widowed		Name of Wife or Husband <i>F. F. Freeland</i>			
Father's Name		<i>Chas. Frazier</i>		Father's Birthplace <i>Calvert Co.</i>	
Mother's Maiden Name		<i>Mary Ingruder</i>		Mother's Birthplace <i>Calvert Co.</i>	
Name of person giving information		<i>Mrs. Frazier</i>		How related to deceased <i>Cousins</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Malignant disease of stomach</i>		How long	<i>12 mth</i>
Immediate	<i>It has been</i>		How long	<i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. Briscoe</i>		
<i>Yes.</i>		Address <i>Mt. Air</i>		
Accident or Suicide?				



Name
in
Full

Charley Cross

CERTIFICATE OF DEATH

Died at ^{Town} Prince Frederick ^{County} Calvert MARYLANDDate of death 1906 ^{Month} Aug ^{Day} 29 ^{Years} Age 35 ^{Months} ^{Days}

Sex Male Color or Race Black Birth-place Calvert Co

Occupation Labour Where Residing if not at place of death

Married, Single or Widowed Name of Wife or Husband

Father's Name Thomas Cross

Father's Birthplace

Mother's Maiden Name

Mother's Birthplace

Name of person giving information

How related to deceased

CAUSES OF DEATH

Primary Pulmonary Tuberculosis

How long

Immediate Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

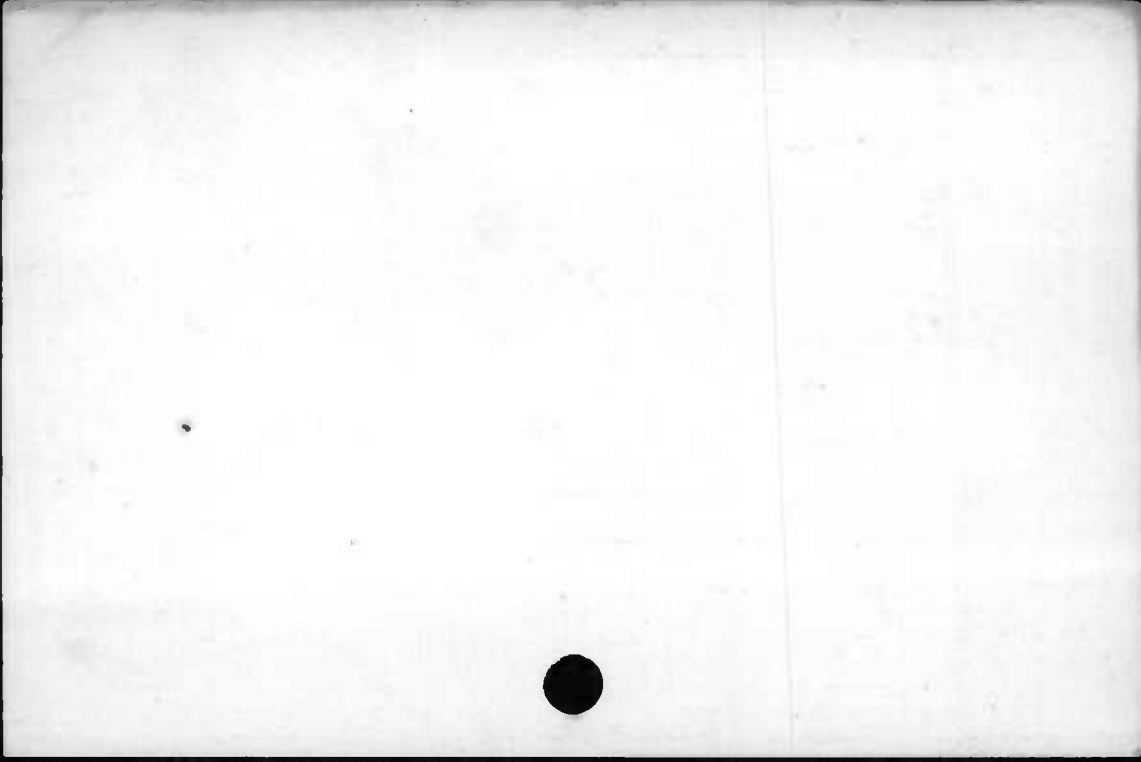
J. M. King

Address

Barstow

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Sophia Isross

Died at *Wall Mill* Town *Calvert* County

Date of death *1906* *Aug* *14* Day *48* Years Months Days

Sex *Female* Color or Race *Callard* Birthplace *Calvert Co*

Occupation *House worker* Where Residing if not at place of death *11* *11*

Married, ~~Single~~ or ~~Widowed~~ Name of Wife or Husband *Mrs J. Isross*

Father's Name *Samuel Isross* Father's Birthplace *Calvert Co*

Mother's Maiden Name *Ann Dawkins* Mother's Birthplace *Calvert Co*

Name of person giving information *Mrs J Isross* How related to deceased *Husband*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *(64)* How long

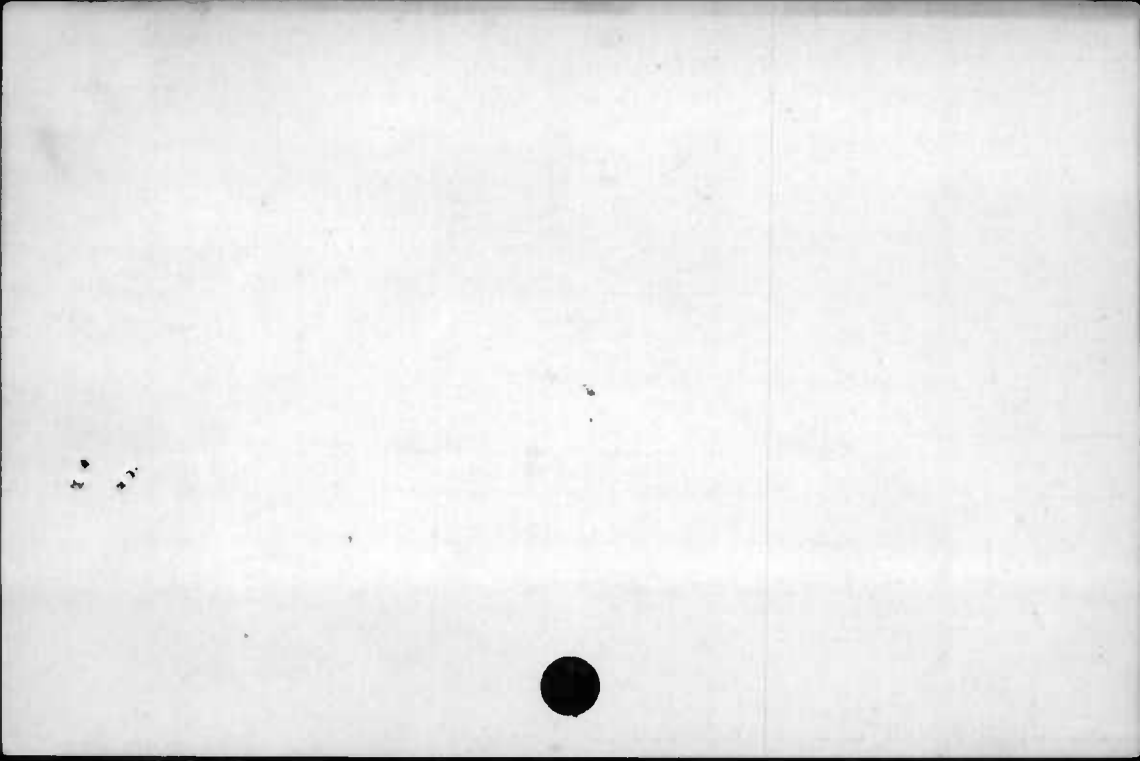
Immediate *Apoplexy* How long *4 days*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide? *D. Brooks & Bros*



Name
in
Full

CERTIFICATE OF DEATH

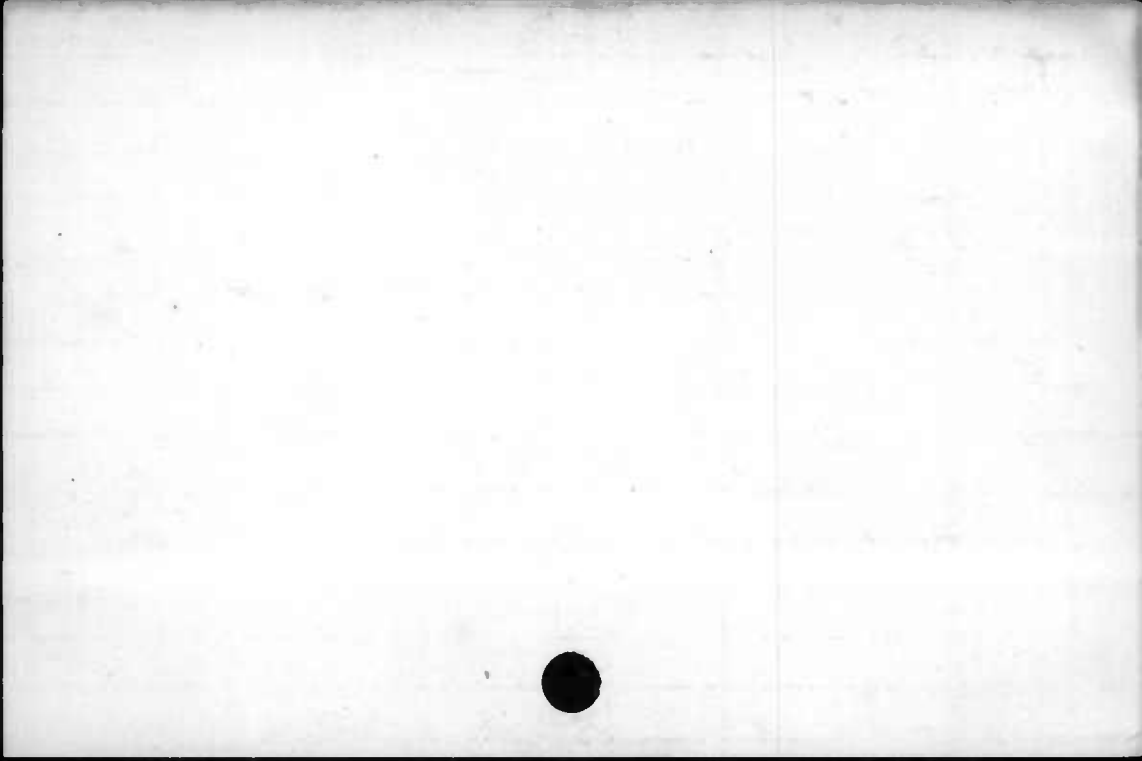
TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <i>Huntingtown</i>		Town <i>Calvert</i>		County	
Date of death <i>1906</i>	Month <i>Aug</i>	Day <i>22</i>	Age <i>25</i>	Years	Months
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Cal. Geo.</i>		
Occupation <i>Farmer</i>			Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband <i>Minnie Cochran</i>			
Father's Name <i>Wm. Steele</i>		Father's Birthplace <i>Cal. Geo.</i>			
Mother's Maiden Name <i>Sallie Hopper</i>		Mother's Birthplace <i>" "</i>			
Name of person giving information <i>S. G. Bowen</i>		How related to deceased <i>none</i>			

CAUSES OF DEATH

Primary	<i>120</i>	How long
Immediate <i>Uremia</i>		How long <i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. W. Fitch</i>	
	Address <i>Huntingtown, Md.</i>	
Accident or Suicide?		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>St. Leonard's</i> ^{Town} <i>Calver</i> ^{County}		MARYLAND	
Date of death <i>1906</i> ^{Month} <i>Aug</i> ^{Day} <i>24</i>	Age <i>69</i> ^{Years}	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>colored</i>	Birthplace <i>Calver Co</i>	
Occupation <i>House Keeping</i>	Where Residing if not at place of death <i>St. Leonard's</i>		
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>Marcellus Janey</i>		
Father's Name <i>Batson</i>	Father's Birthplace <i>unknown</i>		
Mother's Maiden Name <i>Jane Batson</i>	Mother's Birthplace <i>Calver Co</i>		
Name of person giving information <i>Marcellus Janey</i>	How related to deceased <i>Husband</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Droopy on heart</i>	How long <i>5 months</i>
Immediate	How long

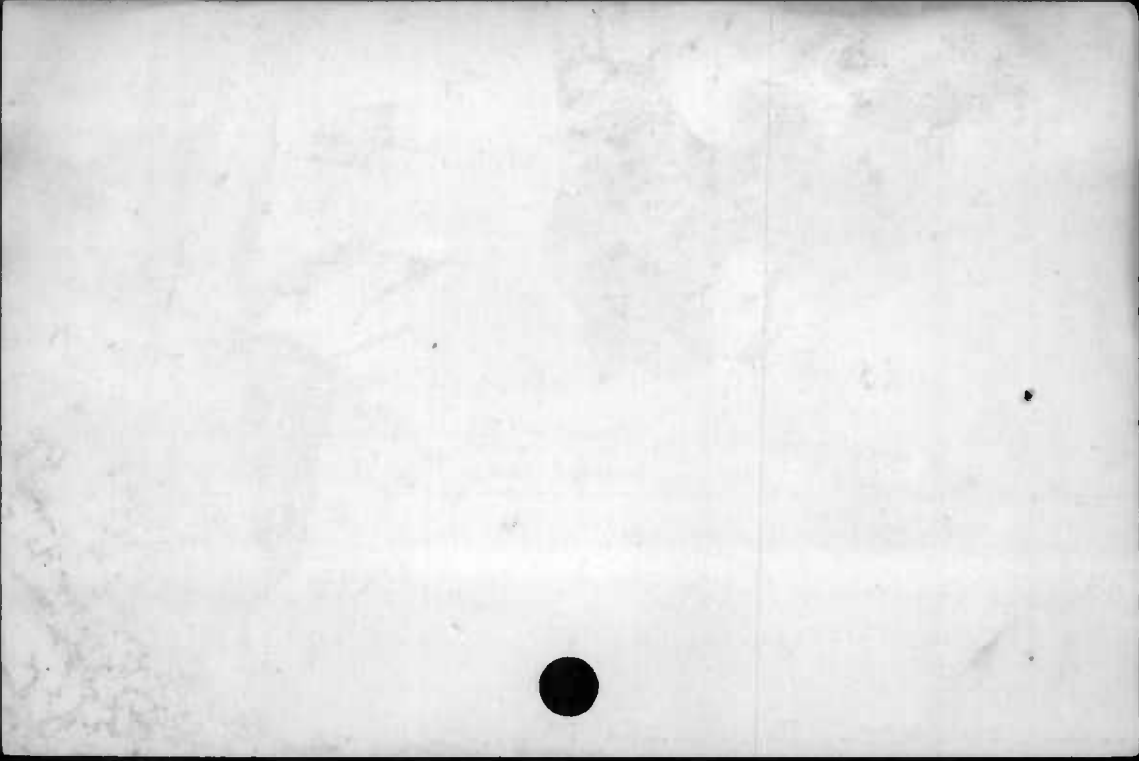
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

D Brooks & Bros



Name
In Full

13
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Noble Matt, Uell Johnson

Town *St Leonards* County *Calvert* MARYLAND

Died at *St Leonards*

Date of death *1906 Aug 1* Month *Aug* Day *1* Age *1* Years *1* Months *1* Days *11*

Sex *male* Color or Race *Colored* Birth-place *Calvert Co*

Occupation *_____* Where Residing if not at place of death *11*

Married, Single or Widowed *_____* Name of Wife or Husband *_____*

Father's Name *Henry M Johnson* Father's Birthplace *Calvert Co*

Mother's Maiden Name *D Pattie Monette* Mother's Birthplace *Calvert Co*

Name of person giving information *D Pattie Monette* How related to deceased *Mother*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *1 day* How long *1 day*

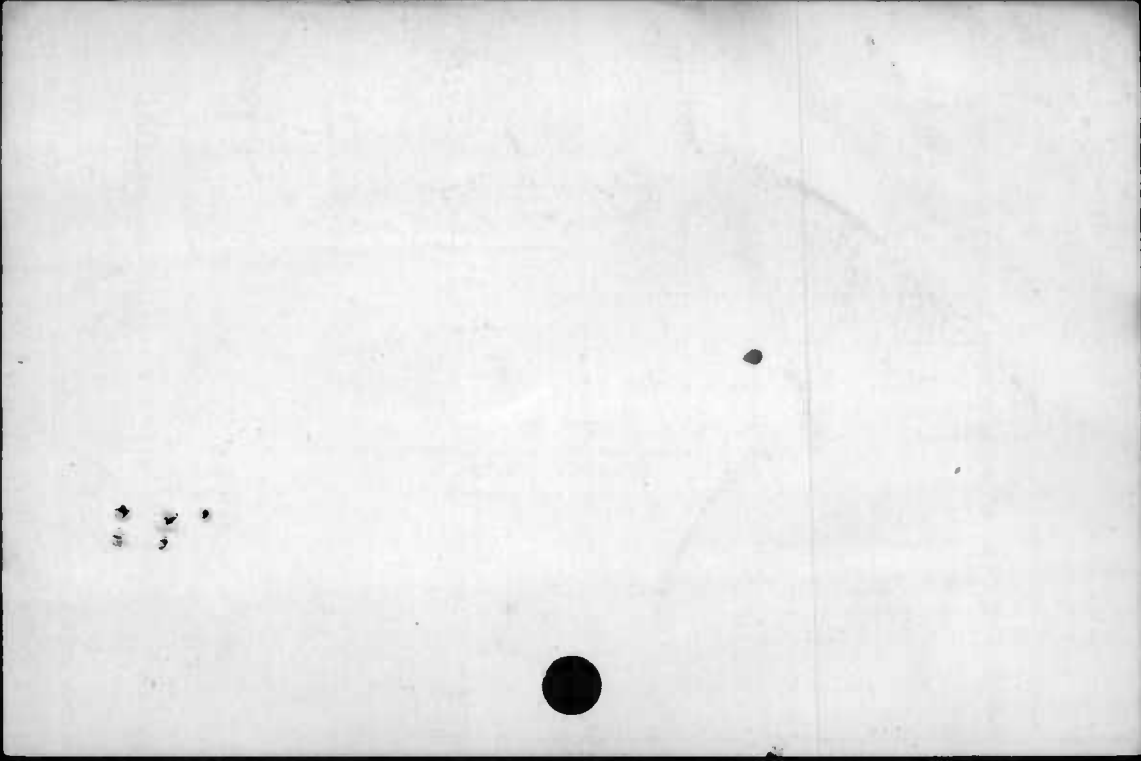
Immediate *Infectious Diseases* How long *1 day*

Are the name, age, sex, color, date and place correctly given above? ☒

Signature of Physician *[Signature]*

Address *[Redacted]*

Accident or Suicide? *No*



Name

in
Full

CERTIFICATE OF DEATH

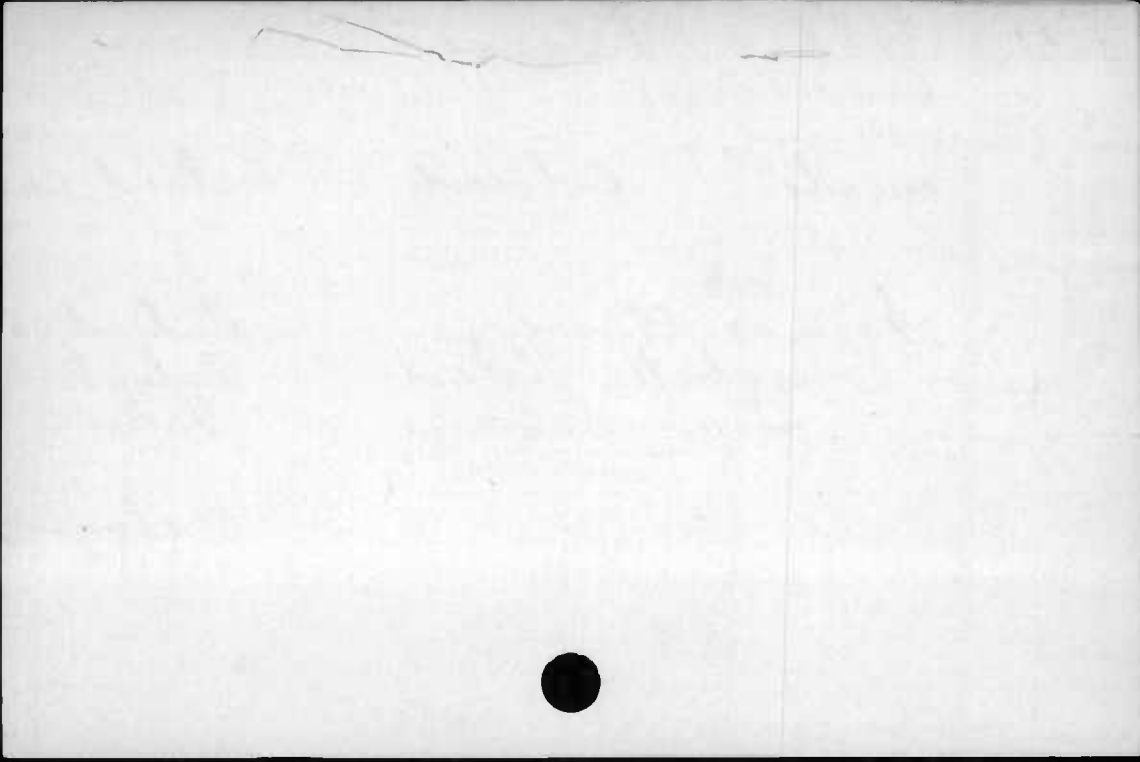
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Cove Pt</i>		County <i>Calvert</i>		MARYLAND	
Date of death	1906	Month <i>Aug</i>	Day <i>29</i>	Age <i>—</i>	Years <i>—</i>	Months <i>5</i>	Days <i>29</i>
Sex	<i>Female</i>		Color or Race	<i>White</i>		Birthplace	<i>Calvert Co Md</i>
Occupation	<i>—</i>			Where Residing if not at place of death			
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband <i>—</i>				
Father's Name	<i>John W. Ridgell</i>					Father's Birthplace	<i>St Marys Co Md</i>
Mother's Maiden Name	<i>Margaret R. Carroll</i>					Mother's Birthplace	<i>Calvert Co Md</i>
Name of person giving information	<i>John W. Ridgell</i>					How related to deceased	<i>Father</i>

CAUSES OF DEATH

Primary	<i>Hydrocephalus</i>	How long	<i>about 5 mos.</i>
Immediate	<i>Exhaustion</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Geo F Chambers MD</i>
		Address	<i>Lusby Calvert Co Md</i>
Accident or Suicide?			

PHYSICIAN
OR CORONER



Name
in
Full

Ollie Savage

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cove Point</i> ^{Town}		<i>Calvert</i> ^{County}		MARYLAND	
Date of death <i>1906</i>	Month <i>aug</i>	Day <i>25</i>	Age <i>1</i>	Years <i>6</i>	Months <i>6</i>
Sex <i>Female</i>	Color or Race <i>colored</i>		Birth-place <i>Calvert co</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>		
Father's Name <i>James Savage</i>			Father's Birthplace <i>Calvert Co</i>		
Mother's Maiden Name <i>Elizabeth Hard</i>			Mother's Birthplace <i>Calvert co</i>		
Name of person giving information <i>James Savage</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Enterocolitis</i>	How long <i>5th days</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr F Chambers M.D.</i>
	Address <i>Lucy Calvert Co Md</i>
Accident or Suicide?	



Name
in
Full

James O Wallace

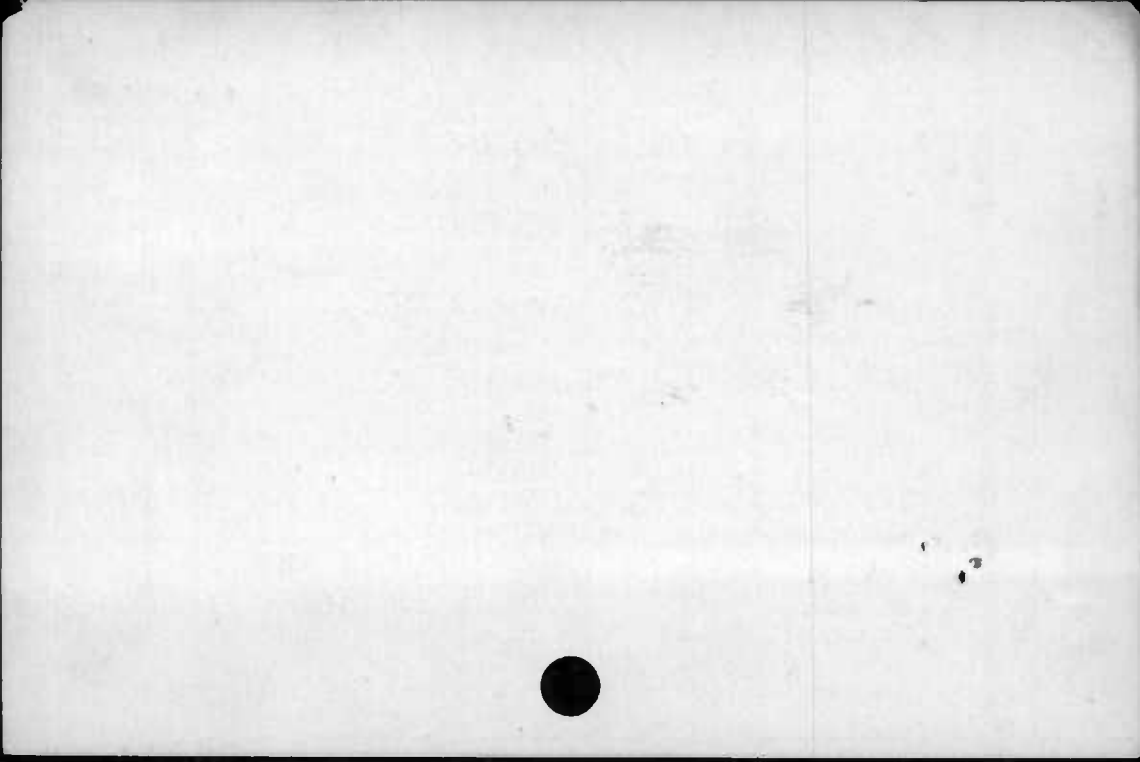
18
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <u>Mutual</u>		County <u>Cumt</u>		MARYLAND	
Date of death	190	Month	6	Day	10	Age	10
Sex		Male		Color or Race		Colored	
Occupation		Laborer		Where Residing If not at place of death		—	
Married, Single or Widowed		—		Name of Wife or Husband		—	
Father's Name		George Wallace		Father's Birthplace		Valvert Va	
Mother's Maiden Name		Faylame Wallace		Mother's Birthplace		Valvert Va	
Name of person giving information		George Wallace		How related to deceased		Tarefeaver	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Typhoid Fever</u>	How long	<u>12 days</u>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
Accident or Suicide?		<u>D. Brooke + Bro.</u>	



Name
in
Full

Clifford Ward

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <i>Blirett</i> ^{cwp}		County <i>Calvert</i>			
Date of death 190 <i>6</i>	Month <i>Aug</i>	Day <i>8</i>	Age	Years	Months <i>2</i> Days
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Calvert Co Md</i>	
Married, Single or Widowed			Occupation		
Name of Wife or Husband					
Father's Name <i>Samuel Ward</i>			Father's Birthplace <i>Calvert co</i>		
Mother's Maiden Name <i>Hattie E. Bowers</i>			Mother's Birthplace <i>Calvert co</i>		
Name of person giving information <i>Samuel Ward</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Premature Birth</i>		How long	<i>1 1/2 hours</i>
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	Signature of Physician <i>Jas L. Tucker M.D.</i>	
			Address <i>Bowie Point Md</i>	
Accident or Suicide?				

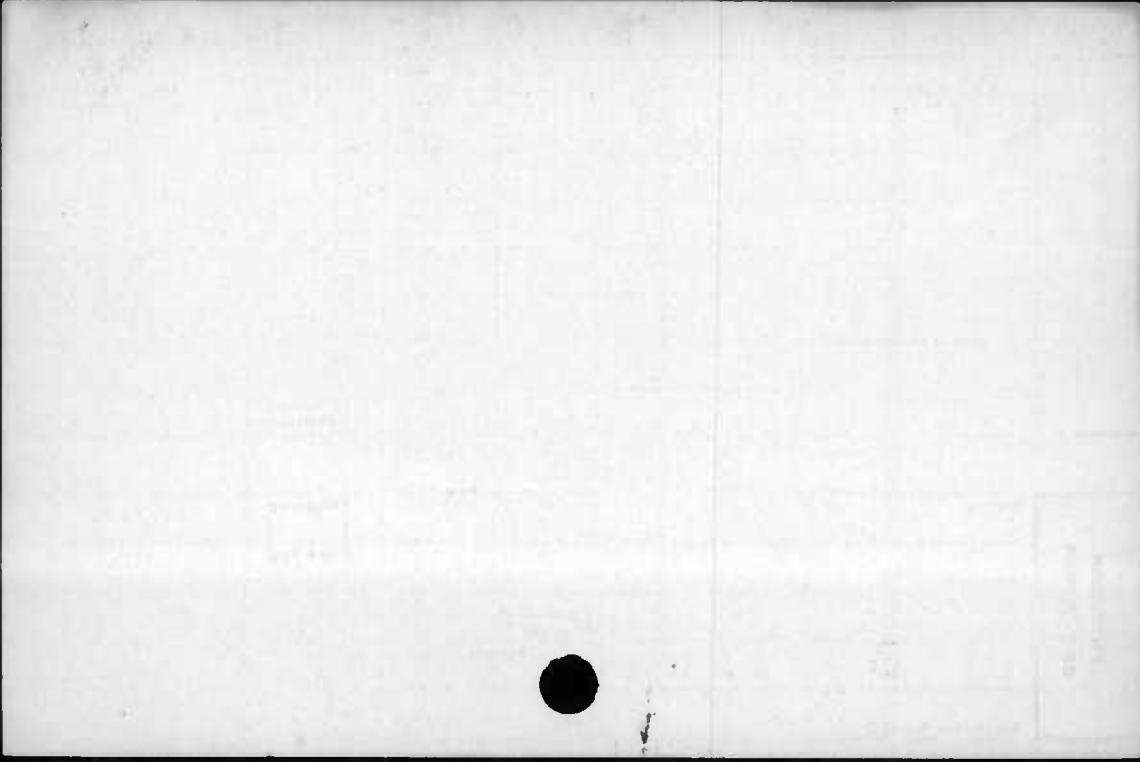


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Died at <u>St. Anne's Home, Md.</u>				MARYLAND	
Date of death <u>1906</u>	Month <u>Aug.</u>	Day <u>18</u>	Age <u> </u>	Months <u> </u>	Days <u> </u>
Sex <u>Female</u>	Color or Race <u>White</u>			Birth-place <u>Birmmgham</u>	
Occupation <u> </u>			Where Residing if not at place of death <u> </u>		

Married, Single or Widowed _____		Name of Wife or Husband _____	
Father's Name <i>John. Walsh</i>		Father's Birthplace _____	
Mother's Maiden Name <i>Ann</i>		Mother's Birthplace <i>Cheney Conn</i>	
Name of person giving information <i>P. Don</i>		How related to deceased <i>Brother</i>	

Primary	<i>Unknown</i>	How long	<i>2</i>
Immediate	<i>Unknown</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Antony to John to</i>	Signature of Physician	<i>Joshua Welsh</i>
Accident or Suicide?		Address	<i>Burned the chest</i> <i>P. B. B. B.</i>



Name

in
Full

Charles Wills

CERTIFICATE OF DEATH

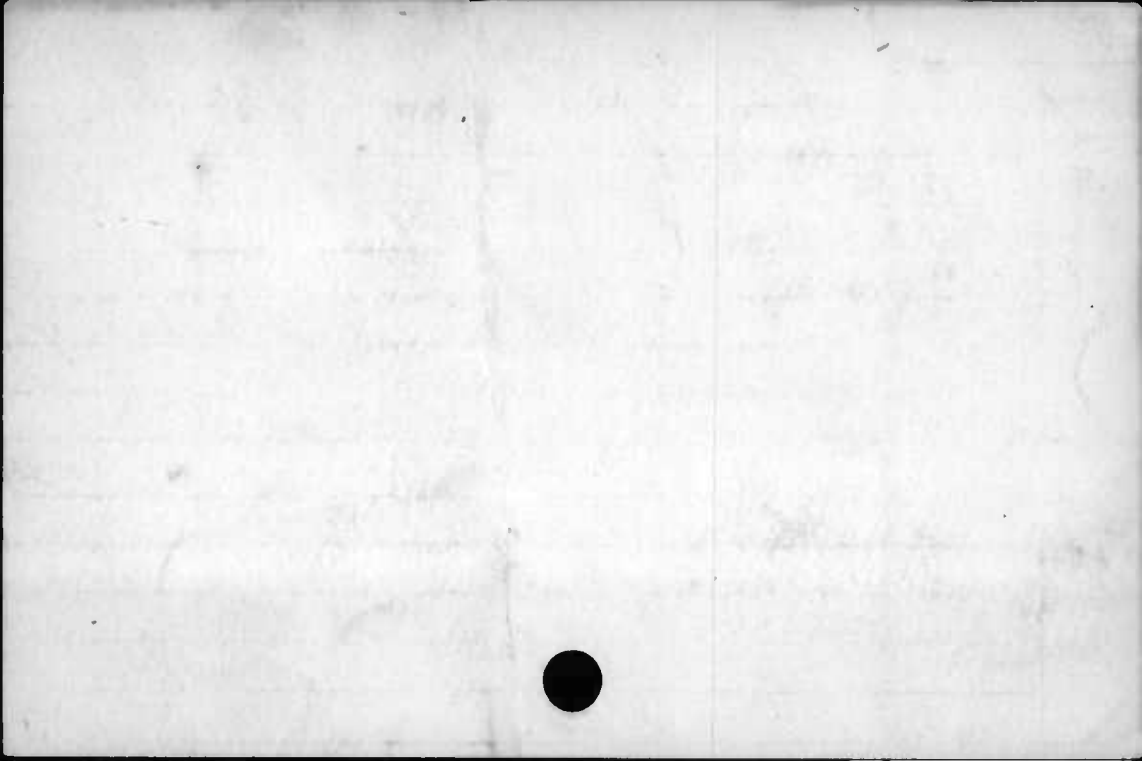
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Mar ^{Town} <i>Harmony</i>		County <i>Calvert</i>		MARYLAND	
Date of death 1906	Month <i>Aug</i>	Day <i>7</i>	Age <i>5</i>	Years	Months	Days	
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>D. A. Co</i>				
Married, Single or Widowed <i>Married</i>		Occupation <i>Farmer</i>					
Name of Wife or Husband <i>Milly Wills</i>							
Father's Name <i>Chas Wills</i>				Father's Birthplace <i>Ind</i>			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information <i>Compton Wills</i>				How related to deceased <i>Grandson</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Diabetes</i>	How long <i>Several months</i>
Immediate <i>Coma</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. C. Brayshaw</i>
	Address <i>Friendship Ind</i>
Accident or Suicide?	



Name in Full		MARTIN WINFIELD WILSON				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Lusby Town		Calvert County		MARYLAND
	Date of death 1906		May		Age 8		Months 5 Days 25
	Sex Male		Color or Race White		Birth-place Calvert Co		
	Married, Single or Widowed		Single		Occupation		
	Name of Wife or Husband						
	Father's Name William J. Wilson				Father's Birthplace Calvert Co		
	Mother's Maiden Name Agness Hardesty				Mother's Birthplace Calvert Co		
	Name of person giving Information W J. Wilson				How related to deceased Father		
PHYSICIAN OR CORONER	CAUSES OF DEATH						
	Primary		Bleeding			How long 24 hours	
	Immediate		Shock & Exhaustion			How long	
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician Geo F Chambers M.D.		
	Address		Lusby Calvert Co Md				
Accident or Suicide?							

